

Image# 201609309032147212

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) John Plumb		
(b) Address (number and street) PO Box 2016		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Jamestown NY 14702		2. Candidate's FEC Identification Number H6NY23518
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
		6. State & District of Candidate NY 23
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of John Plumb		
(b) Address (number and street) PO Box 2016		
(c) City, State, and ZIP Code Jamestown NY 14702		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Plumb Victory Fund		
(b) Address (number and street) PO Box 2016		
(c) City, State, and ZIP Code Jamestown NY 14702		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate John Plumb  <i>[Electronically Filed]</i>	Date 09/30/2016
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Foster/Plumb Victory Fund

(b) Address (number and street)

1 Park Row  
Fl 5

(c) City, State and ZIP Code

Providence RI 02903

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code